

## **INDIVIDUAL RIGHT OF NOTICE OF PRIVACY PRACTICES CITY OF SEGUIN EMPLOYEE GROUP HEALTH/DENTAL PLAN**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy practices fulfills all legal requirements to provide individuals with adequate notification of the uses and disclosures, privacy practices, individual rights, and the City Of Seguin Group Health/Dental Plan's legal duties relating to protected health information.

The City Of Seguin Group Health/Dental Plan is required to maintain the privacy of protected health information, and reserves the right to change its privacy practices and procedures at any time in accordance with law, including the corresponding terms of this notice involving protected health information. These changes will apply to any protected health information that the City Of Seguin Group Health/Dental Plan created or received before issuing any revised notice.

Any revised notice provisions will be effective for all protected health information that maintains. Any changes allowed or required by law to the City Of Seguin Group Health/Dental Plan privacy policies and procedures may occur before a revised notice is issued.

The City Of Seguin Group Health/Dental Plan is required to follow the terms of this notice currently in effect. Protected health information means your individually identifiable health information, or information we create or receive that relates to your past, present or future physical or mental health. In other words, protected health information is your medical information. Contact Tammy Garcia, Privacy Officer, 205 N. River, Seguin, TX 78155, 830-401-2471 for clarification and further information regarding your individual right of Notice of Privacy practices. The City Of Seguin Group Health/Dental Plan will provide a revised notice when applicable via mail.

### **USES & DISCLOSURES OF PROTECTED HEALTH INFORMATION**

As permitted by law this notice provides at least one example of the types of uses and disclosures that the City Of Seguin Group Health/Dental Plan is required or permitted to make, described in sufficient detail to place the individual on notice of these uses and disclosures.

City Of Seguin Group Health/Dental Plan may use and disclose your medical information for the following purposes: treatment, payment and healthcare operations. For example, we may disclose medical information to a physician for the purpose of providing treatment, for paying claims covered by your health plan or healthcare operations like underwriting premium ratings.

City Of Seguin Group Health/Dental Plan may use or disclose medical information to contact you to provide treatment reminders, or health related benefits and services that may be of interest to you.

The City Of Seguin Group Health/Dental Plan may use and disclose protected health information requiring an opportunity for you to object. For example, we may use and disclose medical information to get involved in your care and for notification purposes; like disclosing information to a person responsible

for your health care. If you're available and have the capacity to object, you will have the opportunity to agree or object to that disclosure.

We may infer from the circumstances and the use of professional judgment that you may not want to object to the use and disclosure of medical information. In that case, or in an emergency circumstance or if you're incapacitated, we will use and disclose your medical information.

The City Of Seguin Group Health/Dental Plan may use and disclose medical information according to organizational requirements. For example, disclosing medical information to your employer, or the plan sponsor of your group health plan to perform administrative functions, or summary health information to the plan sponsor if requested to modify, amend or terminate the group health plan.

The City Of Seguin Group Health/Dental Plan may use and disclose protected health information without your consent, authorization, or the opportunity to agree or object as follows: as required by law, for public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury, to report adult abuse, neglect, or domestic violence, to health oversight agencies; in response to court and administrative orders and other lawful processes; to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person; to coroners, medical examiners, and funeral directors, to organ procurement organizations; to avert a serious threat to health or safety of the individual or the public; in connection with certain research activities, to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities; to correctional institutions regarding inmates, and as authorized by state worker's compensation laws.

We may use or disclose your protected health information to market a product or service through a face-to-face communication.

The City of Seguin Group Health/Dental Plan may not use or disclose protected health information without your valid authorization, authorized uses and disclosures must be consistent with your authorization. If you revoke your authorization and the City of Seguin Group Health/Dental Plan has relied upon that authorization, or taken action on that authorization, any protected uses and disclosures based on that authorization would not be affected by your revocation. Your revocation will prevent the City of Seguin Group Health/Dental Plan from further uses and disclosures of protected health information.

## **INDIVIDUAL RIGHTS**

You have the right to access specific records, like medical records and billing records maintained by the City Of Seguin Group Health/Dental Plan to inspect and obtain a copy of your protected health information for as long as the City Of Seguin Group Health/Dental Plan maintains that information.

You may not access psychotherapy notes, and may be asked to submit your request in writing to provide us the specific information we need to fulfill your request. The City Of Seguin Group Health/Dental Plan reserves the right to charge a reasonable fee for the cost of producing and mailing the copies.

In certain circumstances you may be denied access however permitted a review of that denial of access. You have the right to receive an accounting of the City Of Seguin Group Health/Dental Plan's uses and disclosures of protected health information for 6 years before you request that accounting.

Except for certain disclosures like disclosures to carry out treatment, payment or healthcare operations, among others, the City of Seguin Group Health/Dental Plan must respond within 60 days of your request. If you request this accounting more than once in a 12-month period, we may charge you a reasonable fee for responding to these additional requests.

You have the right to request a restriction in relation to uses and disclosures of protected health information to carry out treatment, payment and health care operations. Certain disclosures are not permitted and the City of Seguin Group Health/Dental Plan is not required to agree to any specific restrictions.

If we agree to a restriction, we must follow that agreement, except for emergency treatment and until either party terminates the restriction. We may ask you to submit your request in writing. You have the right to request and we will accommodate reasonable requests to receive protected health information by an alternative means or at alternative locations.

Your request must be in writing and you must state how the disclosure of all or part of the protected health information could endanger you requiring confidentiality. Reasonableness depends on you providing the City of Seguin Group Health/Dental Plan with payment and address information.

You have the right to amend protected health information maintained as a group of records by the City of Seguin Group Health Plan about you, called the designated record set. The City of Seguin Group Health/Dental Plan may deny your ability to amend the designated record set if it was not created by the City of Seguin Group Health/Dental Plan or is accurate and complete among other reasons. We may require that your request be in writing and that it explains why the information should be amended. If we make the amendment, we will notify you that it was made.

*If you receive this Notice on our web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form. Please contact us using the information listed at the end of this Notice to obtain this Notice in written form.*

<b>CONTACT INFORMATION</b>
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You may file a written complaint to the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

The City of Seguin Group Health/Dental Plan supports your communication efforts and will provide you with this address upon request.